

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 1 6

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

12/01/03

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XIII) 1916(g)

7. FEDERAL BUDGET IMPACT:

a. FFY 04 \$ 3465  
b. FFY 05 \$ 4620

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att 2.6A pg 12m

(03-16)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

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(00-01)

Vermont (03-016)

10. SUBJECT OF AMENDMENT:

Premiums for working people with disabilities

approved: 01/12/04  
effective: 12/01/03

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER AS SPECIFIED:

Secretary of Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charles P. Smith

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

11/6/03

16. RETURN TO:

Roxanne Doty  
VT Dept. of PATH  
103 South Main Street  
Waterbury, VT 05671-1201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

November 6, 2003

18. DATE APPROVED:

January 21, 2004

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 1, 2003

21. TYPED NAME:

Bruce D. Greenstein

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator, DMCH

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

State/Territory: **Vermont**

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	<p><u>Payment of Premiums or Other Cost Sharing Charges</u></p> <p>For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A:</p> <p><u>  x  </u> The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied, are described below:</p>

The agency requires a premium from individuals with net income above 185% FPL as follows:

- More than 185% FPL but no more than 225% FPL:  
\$50 per month.
- More than 225% FPL but no more than 250% FPL:  
\$60 per month

TN No. 03-16

Supersedes

TN No. 03-12

Approval Date 01/21/04

Effective Date 12/01/2003

CMS ID: